SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES
BOARD MEETING

SD Board of Nursing Conference Room
4305 S. Louise Ave., Ste. 201, Sioux Falls
Thursday, December 14, 2017
9:30 am – 3 pm (Central)

AGENDA

A. Call to Order

B. Approval of Agenda

C. Open Forum – time for the public to address the Board

D. Approval of Meeting Minutes of October 12, 2017

E. Financial Report

F. Old Business

1) Review of administrative rules from Oct. 12th meeting
    a. Licensing and licenses
    b. Fees
    c. Disciplinary procedures

G. New Business
1) Request For Proposal (RFP) for Executive Secretary
2) Review of Forms
    a. Midwife Student Proctor
    b. Transport
    c. Birth Reporting
    d. Informed Consent Template
    e. Standardized Charting
3) Administrative Rules Discussion
    a. Practice and Scope
    b. Low/High Risk Pregnancy Criteria

H. Other Business

I. Announcements

J. Next Meeting

K. Adjourn

Meeting Minutes
SOUTH DAKOTA BOARD OF CERTIFIED PROFESSIONAL MIDWIVES
Best Western Ramkota Plus, Conference Room 2
3200 West Maple, Sioux Falls, SD
October 12, 2017 9:30 a.m. CDT

Susan Sporrer called the meeting to order at 9:30 am. A quorum was present.

Members of the Board in Attendance: Autumn Cavender-Wilson, Dr. Kimberlee McKay, Debbie Pease, Susan Rooks, and Pat Schwaiger.

DOH Staff Present: Susan Sporrer and Ashley Tanner

Pease made a motion to approve the agenda. Schwaiger seconded the motion. **MOTION PASSED.**

Rooks made a motion to nominate Debbie Pease as board president. Cavender-Wilson seconded. **MOTION PASSED**

Rooks made a motion to nominate Pat Schwaiger as board vice president. Cavender-Wilson seconded. **MOTION PASSED**

Rooks made a motion to nominate Autumn Cavender-Wilson as board secretary. Schwaiger seconded. **MOTION PASSED**

There were no public comments.

Pease noted a correction to the minutes of the August 25, 2017 meeting to add McKay to the vote for adjournment. Schwaiger moved to approved the August 25, 2017 minutes as corrected. Rooks seconded the motion. **MOTION PASSED**

Susan Sporrer provided information on New Board Member Orientation including an overview of the Department of Health, licensing board vs. association role, roles and responsibilities of board members and executive secretary, state processes (e.g., reimbursement, travel vouchers, legislative/rules process, etc.), board meetings, and open meetings.

The board developed the following mission statement, "The mission of the Board of Certified Professional Midwives is to ensure the health, welfare, and safety of clients seeking out-of-hospital midwifery care via licensure of qualified practitioners, enforcement of updated statutes and rules, and expeditious and fair processing of complaints against licensees." Schwaiger moved to adopt the mission statement. Cavender-Wilson seconded. **MOTION PASSED**

The board began reviewing draft administrative rules related to licenses and fees and disciplinary action. Since all professional licensing boards must be self-supporting through fees collected from licensees, fees will be set at the maximum permitted by statute for all license types. A renewal date will be established once an executive secretary has been hired. Items to be developed for review at future meetings include administrative rules for scope of practice for CPMs and risk assessment as well as forms related to the license application/renewal packet, birth reporting, informed consent, preceptor-student midwife agreements, and hospital transfer reporting. States specifically referenced to look at for examples were Alaska, California, Minnesota, Montana, and Washington.

The next board meeting will be Thursday, December 14, 2017 from 9:30 a.m. to 3 p.m. central time in Sioux Falls. The meeting will include a first review of draft rules for scope of practice for CPMs and CPM students.

Rooks made a motion to adjourn. Cavender-Wilson seconded the motion. **MOTION PASSED.**

The meeting adjourned at 2:54 p.m.

Respectfully Submitted,

_____

Autumn Cavender-Wilson, Secretary

BUDGET UNIT 09213

AVAILABLE FUNDS
AS OF: 11/30/2017
FY YEAR REMAINING: 58.4%
PAY DAYS REMAINING: 14

MONTHLY

DATE 12/02/2017

BUDGET UNIT NAME BOARD OF CERTIFIED PROF MIDWIVES

COMP	ORIGINAL APPROPRIATION	APPROPRIATION TRANSFERS	YEAR-TO-DATE COMMITMENTS	YEAR-TO-DATE ENCUMBRANCES	YEAR-TO-DATE EXPENDITURES	AVAILABLE APPROPRIATIONS	CASH BALANCE
6503-I	20,000.00	0.00	0.00	0.00	1,606.52	18,393.48	0.00
BUDGETED TOT	20,000.00	0.00	0.00	0.00	1,606.52	18,393.48	
ALL COMP TOT	20,000.00	0.00	0.00	0.00	1,606.52	18,393.48	

TOTAL BUDGETED:

	OBJECT OF EXPENDITURE	AMOUNT BUDGETED	COMMITMENTS YEAR-TO-DATE	ENCUMBRANCES YEAR-TO-DATE	EXPENDITURES MONTHLY	EXPENDITURES YEAR-TO-DATE	BUDGET AVAILABLE	PCT AVL
5101	EMPLOYEE SALARIES	0.00	0.00	0.00	420.00	540.00	540.00-	0.0
5102	EMPLOYEE BENEFITS	0.00	0.00	0.00	32.13	41.31	41.31-	0.0
5203	TRAVEL	950.00	0.00	0.00	984.08	984.08	34.08-	0.0
5204	CONTRACTUAL SVCS	18,370.00	0.00	0.00	0.00	41.13	18,328.87	99.8
5205	SUPPLIES & MATRLS	200.00	0.00	0.00	0.00	0.00	200.00	100.0
5207	CAPITAL OUTLAY	480.00	0.00	0.00	0.00	0.00	480.00	100.0
	TOTALS	20,000.00	0.00	0.00	1,436.21	1,606.52	18,393.48	92.0

BREAKOUT BY COMPANY:

COMPANY 6503-I PROFESSIONAL & LICENSING BOARDS

5101000	EMPLOYEE SALARIES	0.00	0.00	0.00	420.00	540.00	540.00-	0.0
5102000	EMPLOYEE BENEFITS	0.00	0.00	0.00	32.13	41.31	41.31-	0.0
5203000	TRAVEL	950.00	0.00	0.00	984.08	984.08	34.08-	0.0
5204000	CONTRACTUAL SVCS	18,370.00	0.00	0.00	0.00	41.13	18,328.87	99.8
5205000	SUPPLIES & MATRLS	200.00	0.00	0.00	0.00	0.00	200.00	100.0
5207000	CAPITAL OUTLAY	480.00	0.00	0.00	0.00	0.00	480.00	100.0
	PS SUBTOTALS	0.00	0.00	0.00	452.13	581.31	581.31-	0.0
	OE SUBTOTALS	20,000.00	0.00	0.00	984.08	1,025.21	18,974.79	94.9
	COMPANY 6503-I TOT	20,000.00	0.00	0.00	1,436.21	1,606.52	18,393.48	92.0

CPM Board Timeline for Rule Promulgation (subject to change)

- **December 2017** Board Meeting
  - Review changes to administrative rules based on board direction at Oct. 12 meeting
    - Licensing and licenses
    - Fees
    - Disciplinary procedures
  - Review/Finalize Required Forms
    - Midwife/student proctor
    - Transport
    - Birth Reporting
    - Informed Consent
    - Standardized charting
  - Review draft rules
    - Scope of practice
    - Low/high risk pregnancy criteria

- **February 2018** Board Meeting *(proposed teleconference)*
  - Review changes made to draft rules based on board direction at December meeting
  - Approve draft rules package to be made available to public for comment at April meeting

- **April 2018** Board Meeting
  - Take comment on draft rules from public and provide direction on proposed changes based on comments.

- **Late May/Early June 2018** Board Meeting *(proposed teleconference)*
  - Review changes made to draft rules based on comments at April board meeting
  - Discuss rule promulgation timeline (contingent upon IRRC meeting schedule)
    - Beginning of rules process will be contingent on the level of comments received during the public review (may be able to begin sooner than July/August).
    - To the extent possible, will want to have all issues worked out before starting the rules process.

- **Late July/Early August 2018**
  - Officially begin Rules Process
  - Conduct public hearing during board meeting
  - Present rules to Interim Rules Review Committee for approval

- **Beginning/Mid-September 2018**
  - Rules are in place

ARTICLE 20:85

CERTIFIED PROFESSIONAL MIDWIVES

Chapter

20:85:01 Definitions

20:85:02 Licensing

20:85:03 The practice of certified professional midwifery

20:85:04 Fees

20:85:05 Disciplinary procedures

20:85:06 Informed Consent

20:85:07 Criteria for low risk

ARTICLE 20:85:01

DEFINITIONS

Section

20:85:01:01 Definitions

20:85:01:01. Definitions. Terms defined in SDCL chapter 36-9C have the same meaning when used in this article.

(a) "Post-partum" means occurring in approximately the six (6) week period after childbirth.

General Authority: SDCL 36-9C-32

Law Implemented: SDCL 36-9C-4

ARTICLE 20:85:02

LICENSING

Section

20:85:02:01 Qualifications for licensure

20:85:02:02 Licensure by reciprocity

20:85:02:03 Background check required

20:85:02:04 Issuance of license

20:85:02:05 Renewal of license

20:85:02:06 Relicensure

20:85:02:07 Inactive status and reactivation of license

20:85:02:01. Qualifications for licensure. No person may be licensed to practice as a certified professional midwife in this state unless the person has completed the requirements set forth in SDCL 36-9C-4. In addition, each applicant shall ensure that the board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure. Every applicant shall provide:

(a) Completed application and fee;

(b) Evidence they have not been convicted of a crime which in the judgment of the board renders the person unfit to practice midwifery;

(c) Fingerprints and other information necessary for a criminal history check;

(d) Applicant may be required to appear for a personal interview with the Board if deemed appropriate by the board.

General Authority: SDCL 36-9C-32

Law Implemented: SDCL 36-9C-4; 36-9C-12

20:85:02:02. Application for license by reciprocity. An applicant may seek licensure by reciprocity if they hold a license in good standing to engage in the practice of midwifery under the laws of another state provided:

(a) The applicant is currently licensed or certified by any state with requirements at least as stringent as South Dakota; and

(b) The applicant has not been sanctioned in another state without resolution satisfactory to the Board.

General Authority: SDCL 36-9C-32

Law Implemented: SDCL 36-9C-4

20:85:02:03. Background check required. Upon application for licensure, each applicant in this state shall submit to a state and federal criminal background investigation by means of fingerprint checks by the Division of Criminal Investigation and the Federal Bureau of Investigation. Failure to submit or cooperate with the criminal background investigation is grounds for denial of an application. The applicant shall pay for any fees charged for the cost of fingerprinting or the criminal background investigation.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-12

20:85:03:04. Issuance of license. (renewal date will be a specific date and will be determined after the executive director is hired.)

General Authority: SDCL 36-9C-32

Law Implemented: SDCL 36-9C-11

20:85:02:05. Renewal of license. A notice for renewal of license shall be sent by the board to the last known address of each current licensee. Within the time provided in the notice, the following shall be submitted to the Board. Failure to receive the notice for renewal of license does not relieve the licensee of the responsibility for renewing the license and paying the renewal fee within the prescribed time. Any fee for renewal of license delivered in person to the board or postmarked after the filing date indicated in the notice shall not be accepted, and the license shall

lapse. A lapsed license may be reinstated only in accordance with the provisions of SDCL 36-9C-17.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-15, 36-9C-16

20:85:02:06. Relicensure. An applicant may seek relicensure if the applicant has been licensed in this state and either failed to timely renew or is seeking to return to active clinical practice. The following must be submitted at the time of reapplication:

(a) a completed application and payment of fee;

(b) a current CPM certification from NARM;

(c) satisfactory explanation for such failure to renew;

(d) evidence of employment status during the preceding six years.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-16, 36-9C-17, 36-9C-18

20:85:02:09. Inactive status. Upon filing with the board a written statement requesting inactive status and paying the fee prescribed by chapter 20:48:04, the licensee shall be placed on inactive status and issued an inactive status card. Reinstatement of an inactive license shall follow the requirements set forth in 20:85:03:08. Any individual who holds inactive licensure status is prohibited from practicing as a certified professional midwife.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-18

ARTICLE 20:85:03

THE PRACTICE OF CERTIFIED PROFESSIONAL MIDWIFERY

Section

20:85:03:01 Scope and practice standards.

20:85:03:02 Conditions where physician involvement is required.

20:85:03:03 Conditions where physician involvement shall be recommended.

20:85:03:04 Conditions where transfer to hospital shall be facilitated.

20:85:03:05 Emergency transport and transfer plan.

20:85:03:06 Record keeping.

20:85:03:07 Written informed consent.

20:85:03:08 Newborn care.

20:85:03:09 Medical waste

20:85:03:10 Professional standards

20:85:03:01. Scope and practice standards. A licensed midwife shall adhere to the following scope and practice standards when providing antepartum, intrapartum, postpartum, and newborn care.

(1) The following conditions for which a licensed professional midwife may not provide care for a client:

(a) A current history of any of the following disorders, diagnoses, conditions, or symptoms:

(1) Placental abnormality;

(2) Multiple gestations;

(3) Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first, unless birth is imminent;

(4) Birth under thirty-seven (37) weeks or after forty-two (42) weeks gestational age;

(5) Pre-eclampsia;

(6) Cervical insufficiency; or

(b) A past history of any of the following disorders, diagnoses, conditions, or symptoms;

(1) More than one (1) prior cesarean section with no history of a vaginal birth, a cesarean section within eighteen (18) months of the current delivery, or any cesarean section that was surgically closed with a classical or vertical uterine incision;

(2) Rh or other blood group or platelet sensitization, hematological or coagulation disorders;

(3) Cervical insufficiency.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-13

20:85:03:02. Conditions where physician involvement is required. A certified professional midwife may not provide care for a client with a current history of disorders, diagnoses, conditions, or symptoms listed herein unless such disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a licensed physician. Before providing care to such a client, the licensed midwife shall notify the client in writing that the client shall obtain the described physician care as a condition to the client's eligibility to obtain maternity care from the certified professional midwife. The certified professional midwife shall, additionally, obtain the client's signed acknowledgement that the client has received the written notice. The disorders, diagnoses, condition, and symptoms are:

(1) Diabetes;

(2) Thyroid disease;

(3) Epilepsy;

(4) Hypertension;

(5) Cardiac disease;

(6) Pulmonary disease;

(7) Renal disease;

(8) Previous major surgery of the pulmonary system, cardiovascular system, urinary tract or gastrointestinal tract;

(9) Hepatitis;

(10) HIV positive

(11) Anemic with documented hemoglobin at less than ten (10) at thirty-seven (37) weeks.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-36

20:85:03:03. Conditions where physician involvement shall be recommended. Before providing care for a client with a history of any of the disorders, diagnoses, conditions or symptoms listed, a certified professional midwife shall provide written notice to the client that the client is advised to see a licensed physician during the client's pregnancy. Additionally, the certified professional midwife shall obtain the client's signed acknowledgment that the client has received the written notice. The disorders, diagnoses, condition, and symptoms are:

(1) Previous complicated pregnancy;

(2) Previous cesarean section;

(3) Previous pregnancy loss in second or third trimester;

(4) Previous spontaneous premature labor;

(5) Previous preterm rupture of membranes;

(6) Previous preeclampsia;

(7) Previous hypertensive disease of pregnancy;

(8) Prior infection with parvo virus, toxoplasmosis, cytomegalovirus or herpes simplex virus;

(9) Previous newborn group B streptococcus infection;

(10) A body mass index of thirty-five (35.0) or greater at the time of conception;

(11) Underlying family genetic disorders with potential for transmission; or

(12) Psychiatric illness.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-36

20:85:03:04. Conditions where transfer to hospital shall be facilitated. A certified professional midwife shall facilitate the immediate transfer of a client to a hospital for emergency care if the client has any of the following disorders, diagnosis, conditions or symptoms:

(1) Maternal fever in labor of more than 100.4 degrees Fahrenheit, in the absence of environmental factors;

(2) Suggestion of fetal jeopardy, such as any abnormal bleeding (with or without abdominal pain), evidence of placental abruption, thick meconium , or abnormal fetal heart tones with non-reassuring patterns where birth is not imminent;

(3) Noncephalic presentation at the onset of labor or rupture of membranes, whichever occurs first, unless birth is imminent;

(4) Second stage labor after two (2) hours of initiation of pushing without adequate progress;

(5) Current spontaneous premature labor;

(6) Current preterm premature rupture of membranes;

(7) Current preeclampsia;

(8) Current hypertensive disease of pregnancy;

(9) Continuous uncontrolled bleeding;

(10) Bleeding that necessitates the administration of more than two (2) doses of oxytocin or other antihemorrhagic agent;

(11) Delivery injuries to the bladder or bowel;

(12) Seizures;

(13) Uncontrolled vomiting;

(14) Coughing or vomiting of blood;

(15) Severe chest pain;

(16) Sudden onset of shortness of breath and associated labored breathing; or

(17) Rupture of membranes greater than twenty-four (24) hours without IV antibiotic treatment of greater than seventy-two (72) hours with IV antibiotic treatment.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-36

20:85:03:05. Emergency transport and transfer plan. When facilitating a transfer, the certified professional midwife shall notify the hospital when the transfer is initiated, accompany the client to the hospital if feasible, or communicate by telephone with the hospital if the certified professional midwife is unable to be present. The certified professional midwife shall also ensure that the transfer of care is accompanied by the client's medical record, which shall include:

(1) The client's name, address, and next of kin contact information;

(2) A list of diagnosed medical conditions;

(3) A list of prescription or over the counter medications regularly taken;

(4) A history of previous allergic reactions to medications; and

(5) If feasible, the certified professional midwife's assessment of the client's current medical condition and description of the care provided by the certified professional midwife before transfer.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-36

20:85:03:06. Record keeping. Each client record shall be retained for a minimum of ten (10) years after the birth during which time reasonable efforts are to be made to advise clients of closure of practice or change in record location.

General Authority: SDCL 36-9C-32

Law Implemented: SDCL 36-9C-13

20:85:03:07. Written informed consent. The certified professional midwife shall provide to the client a written informed consent document in accordance with 36-9C-33.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-33

20:85:03:08. Newborn care. Certified professional midwives shall adhere to the following requirements:

(1) Shall carry the equipment necessary for resuscitation of the newborn.

(2) Shall transfer (immediately if indicated) any newborn showing the following signs to the nearest hospital or pediatric care provider:

(a) Ten (10) minute Apgar score of less than seven (7);

(b) Signs of medically significant anomaly;

(c) Signs of respiratory distress including respiratory rate over eighty (80) per minute, poor, color, grunting, nasal flaring and/or retractions that are not showing consistent improvement;

(d) Need for oxygen for more than twenty (20) mintues, or after one (1) hour following the birth;

(e) Seizures

(f) Fontanel full and bulging;

(g) Significant or suspected birth injury;

(h) Cardiac irregularities including a heart rate that is consistently below eight (80) beats per minute or greater than one hundred sixty (160) beats per minute; poor capillary refilling (greater than three (3) seconds);

(i) Pale, cyanotic, gray color;

(j) Lethargy or poor muscle tone;

(k) Temperature instability;

(l) Jaundice at less than twenty-four (24) hours; or

(m) Loss of greater than ten (10) percent birth weight.

(3) All certified professional midwives shall comply with all newborn screenings required by state law and administrative rule.

(4) All certified professional midwives shall register births, still births and deaths with the local registrar of the county in which the occurrence took place within ten (10) days after the birth.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-13, 36-9C-35, 36-9C-37

20:85:03:09. Medical waste. Medical waste removed from a private residence will be disposed of according to the following protocol:

(1) **Containers for non-sharp, medical waste**. Medical waste, except for sharps, shall be placed in disposable containers/bags which are impervious to moisture and strong enough to preclude ripping, tearing or bursting under normal conditions of use. The bags shall be

securely tied so as to prevent leakage or expulsion of solid or liquid waste during storage, handling or transport. The containment system shall have tight-fitting cover and be kept clean and in good repair. All bags used for containment of medical waste must be clearly identified by label or color, or both.

(2) **Containers for sharps.** Sharps shall be placed in impervious, rigid, puncture-resistant containers immediately after use. Needles shall not be bent, clipped or broken by hand. Rigid containers of discarded sharps shall either be labeled or colored like the disposable bags used for other medical waste, or placed in such labeled or colored bags.

(3) **Storage duration.** Medical waste may not be stored for more than seven (7) days, unless storage temperature is below thirty-two (32) degree Fahrenheit. Medical waste shall never be stored for more than ninety (90) days.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-13

20:85:03:10. Professional standards. Persons licensed by the board shall:

(1) Use the term "Certified Professional Midwife" and/or the initials "CPM" only after the applicant is granted licensure by the board;

(2) Practice in a manner that is in the best interest of the public and does not endanger the public health, safety or welfare;

(3) Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes;

(4) Practice only within the competency areas for which they are trained and experienced. The licensee shall be able to demonstrate to the board competency, training, and/or expertise;

(5) Report to the board outcomes of all clients for which they have provided services at any point during labor or delivery within thirty (30) days after each birth;

(6) Report to the board known or suspected violations of the laws and regulations governing the practice of licensed professionals;

(7) Maintain accurate documentation of all professional services rendered to a client in confidential files for each client and ensure that client records are kept in a secure, safe, retrievable and legible condition;

(a) The licensee shall make provisions for the retention and/or release of client records if the licensee is unable to do so. Such provision shall include the naming of a qualified person who will retain the client records and properly release the client records upon request.

(8) Clearly state the person's licensure status by the use of a title or initials such as "certified professional midwife (CPM)" or a statement such as "licensed by the South Dakota Board of Certified Professional Midwives" in any advertising, public directory or solicitation, including telephone directory listings;

(9) Respond to all requests for information and all other correspondence from the board;

(10) Not permit, condone or facilitate unlicensed practice or any activity which is a violation of these rules and regulations;

(11) Not use vacuum extraction or forceps as an aid in the delivery of a newborn; and

(12) Not perform abortions.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-13

ARTICLE 20:85:04

FEES

Section

20:85:04:01 Initial licensure

20:85:04:02 Biennial renewal

20:85:04:03 Lapsed license

20:85:04:04 Initial student license

20:85:04:05 Inactive license status

20:85:04:06 Other fees

20:85:04:07 Birth delivery fee

20:85:04:01. Initial licensure. Each person licensed to practice in this state shall, or who holds an endorsement from another state, shall pay an initial licensure fee of $1,000.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-19

20:85:04:02. Biennial renewal. Each person licensed to practice within this state shall renew the license biennially by renewal date[to be determined after executive director is hired]. The renewal fee is $1,500. Failure to secure a renewal certificate shall result in a lapse. A lapsed license may be reinstated in accordance with 20:85:03:06.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-19

20:85:04:03. Lapsed license. For reinstatement of a lapsed license, the lapsed license holder shall pay the current renewal fee plus five hundred dollars.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-19

20:85:04:04. Student license. Each certified professional midwife student who seeks licensure while completing certification requirements shall pay a one-time fee of $500.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-19

20:85:04:05. Inactive license status. Any licensed certified professional midwife who is licensed in this state and who wishes to change the status of their license to inactive shall pay a fee of $100.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-19

20:85:04:06. Other fees. Any person licensed in this state and who has the following requests shall pay the stated fee:

(a) For providing a transcript, $25;

(b) For a name change on a record of the license holder, $100;

(c) For issuance of a duplicate license, $100;

(d) For endorsement to another state, territory or foreign country, $150;

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-19

20:85:04:07. Birth delivery fee. The certified professional midwife shall pay a birth delivery fee of $100, within 30 days of delivery.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-19

ARTICLE 20:85:05

DISCIPLINARY PROCEDURES

Section

20:85:05:01 Board action in general

20:85:05:02 Grounds for denial, revocation, or suspension

20:85:05:03 Unprofessional conduct

20:85:05:04 Reissuance of revoked or suspended license

20:85:05:05 Solicitation

20:85:05:06 Disciplinary complaints

20:85:05:07 Actions which may warrant sanctions

20:85:05:08 Disciplinary procedures

20:85:05:19 Procedures referred for formal hearing

20:85:05:10 Sanctions

20:85:05:11 Judicial declaration of incompetence or involuntary commitment

20:85:05:12 Petition by board

20:85:05:13 Burden of proof

20:85:05:14 Respondent's claim of illness or infirmity

20:85:05:15 Doctor-patient privilege -- Waiver

20:85:05:16 Judicial declaration of competence

20:85:05:17 Suspension and probation

20:85:05:18 Formal reprimands and hearings

20:85:05:29 Board hearings -- Procedure

20:85:05:20 Appeal from board rulings or decisions

20:85:05:01. Board action in general. The board, through a designated investigator shall promptly investigate all complaints filed in writing with the board or the disciplinary committee and violations which come to the attention of one or more board members.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-23, 36-9C-22, 36-9C-27, 36-9C-5

20:85:05:02. Grounds for denial, revocation, or suspension. The board may deny, revoke, or suspend any license or application for licensure to practice as a certified professional midwife or certified professional midwife student in this state, and may take other disciplinary or corrective action upon a showing that the license holder or applicant has committed or violated any of the provisions set forth in 36-9C-22.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-22, 36-9C-5

20:85:05:03. Unprofessional conduct. Willfully practicing beyond the scope of practice, violating the terms of suspension or probation ordered by the board or following a course of conduct or practice in violation of SDCL 36-9C or in violation of this article constitutes unprofessional conduct.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-22, 36-9C-27, 36-9C-5

20:85:05:04. Reissuance of a revoked or suspended license. A person whose license has been suspended, revoked, surrendered, restricted, conditioned, or otherwise disciplined under the provisions of 20:85:05, may apply for reinstatement once a year or at such shorter intervals as the board may direct in the order of suspension or any modification thereof. Upon receipt of an application for reinstatement, the board may take or direct any action necessary to determine whether the person's disability has been removed, including the examination of the person by a qualified medical expert designated by the board. The person may be direct to pay the expense of the examination. The application for reinstatement shall be granted by the board upon determination that the person's disability has been removed and he is fit to resume the practice of certified professional midwifery. The following application reinstatement requirements shall apply:

(a) Submit a completed reinstatement application and payment of fee;

(b) Submit evidence of complying with any requirements of a previous Board order;

(c) Submit evidence that the applicant has corrected the conduct that formed the basis of the discipline of applicant's license and the applicant is able to safely, skillfully, and competently practice; and

(d) Submit evidence demonstrating just cause for reinstatement.

The Board may request that the applicant appear before the Board if deemed necessary by the Board.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-26, 36-9C-5

20:85:05:05. Solicitation. It is unprofessional conduct for a licensee or the agent of a licensee to solicit any person who is vulnerable to undue influence. For example, without limitation, any person known by the licensee to have recently been involved in a motor vehicle accident, involved in a work-related accident, or injured by, or as the result of the actions of, another person is considered to be vulnerable to undue influence. An agent is a person who renders service to a licensee on a contract basis and is not an employee of the licensee. To solicit is the attempt to acquire a new patient through information obtained from a law enforcement agency, medical facility or the report of any other party, which information indicates that the potential new patient may be vulnerable to undue influence.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-22, 36-9C-27, 36-9C-5

20:85:05:06. Disciplinary complaints. The board, through its investigator shall promptly investigate any complaints of misconduct or violations filed in writing and signed by a complaining party. The board shall impose appropriate sanctions as established under this chapter to protect the public health, safety, and welfare of the state of South Dakota. The board may also by resolution initiate disciplinary proceedings.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-5

20:85:05:07. Actions which may warrant sanctions. The board may impose sanctions based upon any of the following:

(1) Engaging in conduct outside the scope of certified professional midwifery practice including any conduct or practice contrary to recognized standard of ethics of the certified professional midwifery profession or any conduct or practice which does or might constitute a danger to the health or safety of a patient or the public or any conduct, practice, or condition which does or might impair a certified professional midwife's ability to safely and skillfully practice professional midwifery;

(2) Failure to continue professional education or failure to participate in the required continuing education courses as provided under the provisions of chapter 20:85(will add in when education chapter is written);

(3) Failure to maintain current knowledge of statutes, rules, and regulations regarding the practice of professional midwifery;

(4) Failure to cooperate with and respond in writing within 15 days after personal receipt of any board inquiry or investigation;

(5) Failure to maintain proper patient records on each patient. Patient records must be clear and legible and include:

(a) A description of the patient's complaint;

(b) A history;

(c) A record of diagnostic and therapeutic procedures; and

(d) A record of daily documentation which must include subjective data, objective data, assessment, and plan for the patient's care;

(6) Failure to properly train and supervise staff engaged in patient care;

(7) Conviction of a felony or misdemeanor involving moral turpitude. A copy of the record of conviction certified to by the clerk of the court entering the conviction is conclusive evidence of the conviction;

(8) Fraud, misrepresentation, or deception include the following:

(a) Practicing or attempting to practice professional midwifery under a false or assumed name;

(b) Aiding, assisting, or advising another in the unlicensed practice of professional midwifery;

(c) Fraud or deceit in obtaining a license to practice professional midwifery;

(d) Making false or misleading statements or withholding relevant information regarding the qualifications of any individual in order to attempt to obtain a license or engage in the practice of professional midwifery;

(e) Failing to report past, present, or pending disciplinary action by another licensing board or current status of final administrative disposition of a matter. A licensee is required to report any compromise or settlement of disciplinary action, whether voluntary or involuntary, which results in encumbrance of licensure;

(f) Making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, or willfully impeding or obstructing another person to do so; or

(g) Submitting to any insurer or third-party pay or a claim for a service or treatment which was not actually provided to a patient;

(9) Habitual intemperance in the use of intoxicants or controlled substances to such an extent as to incapacitate the person from the performance of professional duties;

(10) Exercising influence on the patient or client for the purpose of financial gain of the licensee or a third party;

(11) Improperly interfering with an investigation or inspection authorized by statute or under the provisions of article 20:85 or with any disciplinary proceeding;

(12) Repeated violations of this chapter;

(13) Receiving three or more negative peer reviews within any twelve-month period.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-22,36-9C-23, 36-9C-27, 36-9C-5

20:85:05:08. Disciplinary procedures. Disciplinary procedures shall be initiated by submission of a written complaint or by resolution of the board. Disciplinary procedures shall be conducted as follows:

(1) Each written complaint or board resolution for disciplinary investigation shall be given to the board investigator. The investigator shall investigate and prepare a report to be presented to the board;

(2) The investigator shall acknowledge receipt of the complaint;

(3) The investigator shall notify the certified professional midwife that a complaint has been received and request a response within 15 days to be mailed to the investigator. The notice shall include the basis for the complaint, including the name of the complaining party, and the name of the investigator assigned to investigate the complaint. A copy of these rules of procedure shall accompany the notice. The certified professional midwife shall promptly and appropriately respond to any request of the investigator;

(4) The investigator shall notify the complainant that the certified professional midwife has been notified of the allegations and requested to respond within 15 days and that the response shall be forwarded to the complainant;

(5) The investigator shall prepare a report to present to the board. The report shall include the identity of the complainant, the allegations which form the basis of the complaint, the position of the certified professional midwife against whom the complaint is lodged, and the proposed action, if any, that should be taken with regards to the complaint;

(6) Upon presentation of the report to the board, the board shall review the report and act upon the information before it, in one of the following manners, to-wit:

(a) Dismiss the complaint if frivolous or clearly unfounded in fact; or

(b) Initiate an informal inquiry or take such further action as the board deems appropriate;

(7) If the board dismisses the complaint, the investigator shall give notice to the complainant and the certified professional midwife that the complaint has been reviewed with the determination that no board action is warranted;

(8) If the board finds the complaint to have merit, the committee shall afford the certified professional midwife complained against a reasonable opportunity to state the certified professional midwife's position with respect to the allegations against the professional. The hearing shall take the form of an informal conference between the board and the certified professional midwife complained against; and

(9) After an informal inquiry, the board may dismiss or, if the complaint has merit, refer for a formal hearing. In lieu of referral for hearing, the board and the certified professional midwife may enter a remedial stipulation satisfactory to both the certified professional midwife and the board. If a remedial stipulation is entered, the referral may not take place if the terms of the remedial stipulation are successfully completed and the board shall notify the complainant that the matter has been resolved in this manner. The complainant is not entitled to a copy of the remedial stipulation.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-23, 36-9C-5

20:85:05:09. Procedures referred for formal hearing. A formal hearing may be conducted by the board, or a hearing examiner, pursuant to SDCL chapter 1-26.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-23, 36-9C-5

20:85:05:10. Sanctions. The board may impose any of the following sanctions or a combination thereof:

(1) Formal reprimand;

(2) Probation of license to practice professional midwifery in the state of South Dakota;

(3) Suspension of license to practice professional midwifery in the state of South Dakota;

(4) Revocation of license to practice professional midwifery in the state of South Dakota; or

(5) Restitution and payment of all expenses of the investigation and proceedings.

Any sanction imposed by the board upon a licensee must be reported to the central reporting agency of which the board is currently a member at the time of the imposition of the sanction for the purpose of disseminating sanctioning information to licensing boards of other states.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-23, 36-9C-5

20:85:05:11. Judicial declaration of incompetence or involuntary commitment. If a person licensed or certified by this board has been judicially declared incompetent or involuntarily committed to a mental hospital or treatment center, the board of certified professional midwives, upon proof of the fact, shall enter an order either placing the person on inactive status or suspending the person from the practice of professional midwifery for an indefinite period until further order of the board. A copy of the order shall be served upon the person, the person's guardian, and the director of the mental hospital by certified mail, return receipt requested.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-29, 36-9C-23, 36-9C-5

20:85:05:12. Petition by board. If any interested person petitions the board or the disciplinary committee to determine whether a person licensed or certified by this board is incapacitated by reason of mental infirmity or illness or because of addiction to drugs or intoxicants, the board may take action to determine whether the person is so incapacitated, including the examination of the person by such qualified medical experts as the board designates. If the board concludes that the person is incapacitated from continuing to practice professional midwifery, it shall enter an order either placing the person on inactive status or suspending the person on the ground of the disability for an indefinite period until further order of the board. Any pending disciplinary proceeding against the person shall be held in abeyance. The board shall provide notice to the respondent of proceedings in the matter in accordance with SDCL chapter 1-26 and may appoint an attorney to represent the respondent if the person is without representation.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-23, 36-9C-24, 36-9C-29, 36-9C-5

20:85:05:13. Burden of proof. In a proceeding seeking an order of inactive status, probation, or suspension based upon the reasons set forth under 20:85:05:12 or 20:85:05:13, the burden of proof shall rest with the party filing the complaint. In a proceeding seeking an order terminating inactive status or suspension, the burden of proof shall rest with the person who is inactive or suspended.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-23, 36-9C-5

20:85:05:14. Respondent's claim of illness or infirmity. If, during the course of a disciplinary proceeding, the respondent contends that he is suffering from a disability by reason of mental or physical infirmity or illness or addiction to drugs or intoxicants, which makes it impossible for the respondent to present an adequate defense, the board shall enter an order

immediately suspending the respondent from continuing to practice professional midwifery until a determination is made of the respondent's capacity to continue to practice in a proceeding instituted in accordance with the provisions of 20:85:05:13. If the board determines that the respondent is not incapacitated from practicing, it shall take such action as it deems advisable, including a direction for the resumption of the disciplinary proceeding against the respondent.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-23,36-9C-24, 36-9C-5

20:85:05:15. Doctor-patient privilege -- Waiver. The filing of an application for reinstatement by a person placed on inactive status or suspended for disability constitutes a waiver of any doctor-patient privilege with respect to any treatment of the person during the period of disability. The person shall disclose the name of every psychologist, physician, and hospital by whom or in which the person has been examined or treated since being placed on inactive status or suspension. The person shall furnish to the board written consent to each to divulge the information and records requested by board-appointed medical experts.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-23, 36-9C-5

20:85:05:16. Judicial declaration of competence. If a person has been suspended by an order in accordance with the provisions of 20:85:05:12 or 20:85:05:13, and has thereafter been judicially declared to be competent, the board may dispense with further evidence showing the disability has been removed and may direct reinstatement.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-23, 36-9C-5

20:85:05:17. Suspension and probation. The period of probation or suspension ordered pursuant to § 20:85:05:12 or 20:85:05:13 may not exceed five years. The conditions of probation may include one or more of the following:

(1) Additional mandatory continuing education;

(2) Restitution;

(3) Payment of all expenses of the investigation and proceedings; and

(4) Mental health or alcoholism treatment.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-23, 36-9C-5

20:85:05:18. Formal reprimands and files. The board shall keep a permanent file of all complaints made to or by the board which result in an inquiry being directed to a licensee or holder of a certificate, and a permanent file of board action taken, including formal reprimands. In considering action in a case, the board shall take into consideration at the hearing the past actions of the licensee or holder of a certificate, extending an opportunity to the person to rebut or explain such past actions and files. The files are confidential except to board members acting within the scope of their duties and to the person or person's attorney or representative desiring to see the person's file.

Any action taken by the board upon the license of a licensee shall be submitted to the central reporting agency of which the board is a current member at the time of taking the action for the purpose of disseminating such information to licensing boards of other states.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-23, 36-9C-5

20:85:05:19. Board hearings -- Procedure. Those portions of the rules of practice in trial courts of record and those portions of SDCL 15 and 1-26 that are consistent with SDCL 36-5 or this article apply to the procedure for hearings held by the board. A record of the hearing in a contested case shall be taken by court reporter or recording equipment. If a transcript is requested, the board may require the person requesting it to pay the reasonable cost of preparing the transcript.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-23, 36-9C-5

20:85:05:20. Appeal from board rulings or decisions. Any party feeling aggrieved by any acts, ruling or decision of the board relating to the refusal to grant, suspend or revoke a license shall have the right to appeal pursuant to chapter 1-26.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-25

ARTICLE 20:85:07

INFORMED CONSENT

20:85:07:01 Written informed consent

20:85:07:01. Written informed consent. The licensee shall provide to the client written informed consent documents in accordance with SDCL 36-9C-33.

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-33

ARTICLE 20:85:08

CRITERIA FOR LOW RISK PREGNANCY

20:85:08:01 Low risk pregnancy

20:85:08:01. Low risk pregnancy. In order to be a candidate for home birth and have a low risk pregnancy, the following conditions must be absent during exam and lab tests.

(a) Chronic hypertension

(b) Epilepsy or seizure disorder

(c) HIV positive

(d) Severe psychiatric disease

(e) Persistent anemia

(f) Diabetes

(g) Heart disease

(h) Kidney Disease

(i) Endocrine disease

(j) Multiple gestation

(k) Substance abuse

General Authority: SDCL 36-9C-32

Implemented Law: SDCL 36-9C-??

National Midwifery Institute, Inc.

Preceptor Agreement

Each preceptor must provide:

- ❍ **NMI Preceptor Application** (form is received from student)
- ❍ initialed and signed **Preceptor Agreement**, attached pages 2-3
- ❍ initialed and signed **Clinical Site form**, attached page 4

- ❍ **current CV** (curriculum vitae)

Together, student and preceptor provide:

- ❍ signed **Informed Consent/Work Agreement**, including W-9 or fee waiver (student provides form)

- ❍ signed **NARM Policy Statement on Preceptor/Apprentice Relationships**, (student provides form)

For reference, NMI Handbook excerpts and NARM Guidelines follow these forms.

National Midwifery Institute, Inc.

Preceptor Agreement

Please read and initial each item below.

____ I agree to uphold program objectives, philosophy and purpose;

____ I understand that I am expected to demonstrate an effective teaching style, incorporating student input and feedback;

____ I affirm a desire to work cooperatively with other faculty;

____ I agree to participate in the review and revision of curriculum and/or mechanisms for evaluating students;

____ I agree to maintain updated practice guidelines;

____ I have attended a workshop or completed cultural sensitivity/diversity awareness study. Date of attendance or completion _____.
(NMI provides all preceptors with such materials.)

____ I agree to evaluate student progress according to the required schedule;

____ I agree to complete and document 30 hours of continuing education every three years (consistent with NARM CE policy) and maintain my license/CPM credential;

____ I agree to maintain a professional ethic (as defined by the MANA Values and Ethics Statement) upholding student confidentiality at all times, (see NMI handbook appendix);

____ I agree to participate in conflict resolution, utilizing the program's Grievance Mechanism as necessary.

____ I agree to provide current/updated documentation as requested by National Midwifery Institute, Inc.

____ I agree to regularly attend peer review and include my apprentice.

____ I understand that I may bill the program for a total of $3400 per student (up to 10 observe births @ $10 each; up to 55 assist exams and 195 supervised primary care exams @ $10 each; up to 20 assist births @ $15 each; and up to 25 supervised primary care births @ $20 each). Previous experience must be included as initially agreed upon in the preceptor/student work agreement.)

____ I understand that NMI students DO NOT carry professional liability insurance.

____ If I discontinue my working arrangement (prior to completing all requisite experience) with _____ (student's name), I agree to notify National Midwifery Institute, Inc.

____ I understand that Supervised Primary Care means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the apprentice's performance of skills and decision making.

continued

National Midwifery Institute, Inc.

Preceptor Agreement

Please indicate the dates of your most recent participation in the following community education services:

_____ lectured at local universities and community colleges on midwifery, childbirth or related subjects;

_____ provided in-service training at local hospitals or EMS services;

_____ taught childbirth classes to expectant parents;

_____ lead support groups for pregnant people and new parents;

_____ made presentations to the aspiring midwifery community at state or local midwifery meetings.

Preceptor's Affirmation of Honest Intent of Representation

I have read, I understand, and I agree to the terms described in this document.

Signature _____ **Date** _____

Print Name _____

National Midwifery Institute, Inc.

Preceptor Agreement

Preceptor's Clinical Site

National Midwifery Institute, Inc., is required by our accrediting agency, MEAC (Midwifery Education and Accreditation Council, 850 Mt Pleasant Ave, Ann Arbor, MI 48031, phone 360-466-2080), to document that our preceptor sites meet the following guidelines. Please consider each guideline and initial in the spaces provided, indicating that your clinical practice environments (your office, clients' homes, and/or out of hospital birthing facility) meet these guidelines.

I, _____, affirm that my clinical practice environments include the following:

____ 1. The space and opportunities for students to participate in midwifery care of clients throughout pregnancy, labor, birth and the postpartum.

____ 2. The space and opportunities for students to have student-preceptor conferences

____ 3. Accommodations for students to eat, rest, or study during lengthy clinical experiences.

I also affirm that my clinical practice environments provide the following, in compliance with local or state standards:

____ 1. Fire safety (includes alarms, fire extinguishers, fire drills for quick egress from the building)

____ 2. Equipment safety (includes having functioning equipment that has regular inspections and maintenance)

____ 3. Building safety (includes a facility in good condition with regards to construction, safety of lighting, hot and cold water, sanitary facilities)

____ 4. Infection control precautions (includes methods of disease prevention such as hand washing facilities, adequate cleanliness, sterilization and/or storage of equipment and supplies)

____ 5. Hazardous materials management (includes proper storage and disposal of supplies that involve bodily secretions)

____ 6. Hazardous waste management (includes proper storage and disposal of supplies that involve bodily secretions)

In the event of substantive change to my clinical site, I will contact National Midwifery Institute and submit an updated Clinical Site agreement.
I further affirm that during clinical practice and in the company of students the comfort and safety of all involved is given full consideration at all times.

Signature_____ Date _____

National Midwifery Institute, Inc.

Preceptor Agreement

NARM* Policy Statement on Preceptor/Apprentice Relationships

These policies apply to NMI students and preceptors, with NMI-specific clarifications in italics.

In validating the apprenticeship as a valuable form of education and training for midwifery, NARM appreciates the many variations in the preceptor/apprentice relationship. In upholding the professional demeanor of midwifery, it is important that each party in the relationship strive to maintain a sense of cooperation and respect for one another. While some preceptor/apprentice relationships develop into a professional partnership, others are brief and specifically limited to a defined role for each participant.

To help NARM candidates *(and NMI students)* achieve exceptional training and a satisfactory relationship from their apprenticeship, NARM makes the following statements:

1. All preceptors for NARM PEP applicants must be currently registered with NARM as a Registered Preceptor. *(Note: with MEAC accreditation, preceptors for National Midwifery Institute students are not required to register with NARM as Registered Preceptors. However, all NMI preceptors must complete the NMI Preceptor Application and Agreement)*

   In order to qualify as a NARM Registered Preceptor *(and NMI Preceptor)*, the midwife must document their credential as a Certified Professional Midwife (CPM), Certified Nurse Midwife (CNM), Certified Midwife (CM); or they must be a licensed practitioner legally recognized by a state/jurisdiction to provide maternity care. A preceptor must have an additional three years of experience after credentialing or fifty primary/co-primary births beyond entry-level CPM requirements. Additionally, they must also have ten continuity of care births beyond entry-level CPM requirements. A preceptor must have attended a minimum of ten out-of-hospital births in the last three years. **(***Note: With MEAC accreditation, National Midwifery Institute additionally accepts U.S. Physicians as preceptors for NMI students.)*

   It is the student's responsibility to verify the preceptor's registration status by asking their preceptor or contacting NARM. *(The preceptor privileges of some midwives have been revoked. NMI may not be aware of a revocation.)*

2. The clinical components of apprenticeship should include didactic *(course work is provided by NMI and supported by faculty instructors)* and clinical experience, and the clinical component must be at least two (2) years in duration, which is equivalent to approximately 1350 clinical contact hours under supervision. *(NMI graduates complete a minimum of 1890 clinical hours.)* NARM states that the average apprenticeship which includes didactic and clinical training typically lasts three to five years. Dates of clinical training must span at least two (2) years.

3. It is acceptable, even preferable, for the apprentice to study under more than one preceptor. In the event that more than one preceptor is responsible for the training, each preceptor will sign off on those births and skills which were adequately performed under the supervision of that preceptor. **NARM definition of Primary under Supervision: An apprentice midwife who provides all aspects of care as if s/he were in practice, although a supervising midwife has primary responsibility and is present in the room during all care provided.** *(NMI refers to Primary under Supervision as Supervised Primary Care.)*

4. Preceptor and apprentice should have a clear understanding of responsibilities of each person to the other, including the time expected to be spent in one-on-one training, classroom or small group study, self-study, clinical observation, opportunities for demonstration of skills, time on call, and financial obligations.

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5. The apprentice, if at all possible, should have the NARM application for the MEAC Accredited Schools Route (free online download at www.narm.org) at the beginning of the apprenticeship so that forms can be completed during the training period rather than waiting until the completion of the apprenticeship. *Note: NMI forms are required to be completed according to schedule, and document much of the NARM requirements.*

6. Preceptors are expected to sign the application documentation for the apprentice at the time the skill is performed competently. **Determination of "adequate performance" of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary**. Documentation of attendance and performance at births, prenatals, postpartums, etc., should be signed only if the preceptor agrees that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible, however **the preceptor makes the final determination**.

7. The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in
the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that **the preceptor must be physically present when the apprentice performs the midwife skills**. The preceptor holds the final responsibility for the safety of the client or baby and should become involved, whenever warranted, in the spirit of positive education and role modeling. Preceptors who sign clinicals but refuse to complete the Final Verification Form without a justifiable reason, risk having their preceptor status revoked. If there is a concern, the clinical skill should not be signed off in the first place. *(Note: NMI's Preceptor Evaluation/Student Self-Assessment of Midwifery Skills form is filled out by NMI students and preceptors rather than the Final Verification Form mentioned above.)*

8. **Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future and also risk losing their Certified Professional Midwife (CPM) credential.**

9. NARM's definition of the Initial Prenatal Exam includes covering an intake interview, history (medical, genealogical, family) and a physical examination. These exams do not have to occur all on the first visit to the midwife, but the apprentice should perform at least 20 of these examinations on one or more early prenatal visits.

10. Prenatal Exams, Newborn Exams, and Postpartum Exams as an Assistant Under Supervision *(NMI calls these Assist Exams)* must be completed before the same category of clinicals may be verified as Primary Under Supervision (*NMI calls these Supervised Primary Care)*. However, Prenatals, Newborn Exams, and Postpartum Exams as a Primary Under Supervision (*Supervised Primary Care)* may begin before the Primary Under Supervision births (*Supervised Primary Care births)* occur.

11. Births as Assistant Under Supervision *(NMI calls these Assist Births)* are births where the apprentice is being taught to perform the skills of a midwife. Just observing a birth is not considered Assistant Under Supervision. Charting or other skills, providing labor and birth support, and participating in management discussions may all be done as an assistant in increasing degrees of responsibility. The apprentice should perform some skills at every birth listed and must be present throughout labor, birth, and the immediate postpartum period. The apprentice must complete 18 of the Assistant Under Supervision births before functioning as Primary Under Supervision *(Supervised Primary Care)* at births.

12. Births as a Primary Midwife Under Supervision *(Supervised Primary Care)* means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor who is physically present and supervising the apprentice's performance of skills and decision making.

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Preceptor Agreement

13. Catching the baby is a skill that should be taught and performed during the Assistant Under Supervision phase. The Primary Under Supervision births (*Supervised Primary Care)* require that the student be responsible but under supervision for all skills needed for labor support and monitoring of mother/gestational parent and baby, risk assessment, the delivery of the infant, newborn exam, and the immediate postpartum assessment of mother/gestational parent and baby. If one or both parents are"catching" the baby, the Primary Under Supervision (*Student-Primary Under Preceptor Supervision)* is responsible for all elements of the delivery. If the preceptor catches the baby, then that birth qualifies as Assistant Under Supervision for the student.

14. Attendance at a birth where either the apprentice or preceptor is also the client will not be accepted for verification of the required clinicals.

Preceptor's Affirmation of Honest Intent of Representation

I have read, I understand, and I agree to the terms described in this document.

Signature _____ Date _____

Print Name _____

National Midwifery Institute, Inc.

Preceptor Agreement

Background

Knowledge and skills gained in the didactic/course work portion of the program prepare students for active participation at the onset of the apprenticeship experience. Students are responsible for selecting and securing their preceptorship. They may interview with potential preceptors at any time, and may choose to work with any midwife meeting the criteria for precepting faculty.

Students learn the practice of midwifery with community-based preceptors.

Apprenticeships are generally based in home birth or birth center practices. Students can also expect to attend hospital births in the event of transport, which gives them opportunity to learn about and observe obstetrical standards of practice. Additionally, they will consult with other health care providers if complications develop in caregiving or questions arise concerning a mother's health status. Students may also have opportunity to accompany their precepting midwife to peer review sessions, and so may confer with other midwives in the community on practical and professional issues.

Students must meet the following clinical requirements:

1. 10 observe births
2. 20 births in the role of assistant midwife under preceptor supervision, and:
   - 20 assist prenatal exams
   - 20 assist newborn exams
   - 10 assist postpartum exams
0. 25* births in the role of primary midwife under preceptor supervision, and:
   - 95 prenatal exams, including 20 initial exams;
   - 20 newborn exams;
   - 40 postpartum exams, within the first five days of birth;
   - 40 postpartum/family planning/gynecological visits.

*a. a minimum of ten (10) of the first 20 births as primary under supervision shall be with women for whom the applicant has provided at least one (1) prenatal visit in a primary or assisting role

b. a minimum of five (5) of the first 20 births as primary under supervision shall be with women for whom the applicant has provided at least five (5) prenatal visits spanning two trimesters, birth, one (1) newborn exam performed within 12 hours of the birth, and two (2) postpartum exams that take place between 12 hours and 6 weeks following the birth.

c. a minimum of five (5) home births must be attended in any role

d. a minimum of two (2) planned hospital births must be attended in any role

e. transports to the hospital from an out-of-hospital setting are limited to three (3) out of the 25 SPC births: the first 20 SPC births may include two (2) transports, and the remaining five (5) SPC births may include one (1) transport.

f. NARM requires that the clinical component must be at least two (2) years in duration, equivalent to 1350 clinical contact hours under supervision. California requires 1890 clinical contact hours for licensure.

These clinical experiences are sufficient to meet NARM certification standards for entry-level midwifery practice and California licensing requirements.

Although students are encouraged to seek continuity of training by working primarily with one preceptor, a student may have any number of qualified preceptors. NARM encourages work with multiple preceptors.

Students attending births with a new preceptor and with prior birth experience sufficient to begin supervised primary care may be required to attend births as an observer or assistant before beginning supervised primary care.

National Midwifery Institute, Inc.

Preceptor Agreement

Appointment of Faculty

Faculty are recruited, appointed, and promoted without discrimination in regard to sex, race, marital status, ethnic origin, creed, age, sexual orientation, or physical dis/ability. All faculty are asked to complete the Annual NMI Review.

Faculty are required to:

1) Agree to uphold NMI program objectives, the Philosophy and Purpose Statement, and the Mission Statement;
2) Demonstrate an effective teaching style, incorporating student input and feedback;
3) Work cooperatively with other faculty;
4) Maintain updated course content meeting current program objectives;
5) Complete cultural sensitivity/diversity training or study;
6) Evaluate student progress according to the required schedule;
7) Complete and document 30 hours of continuing education every three years (consistent with NARM CEU policy) and maintain a midwifery or primary care credential;
8) Maintain a professional ethic (as defined by the MANA Statement of Values and Ethics) upholding student confidentiality at all times, (see Appendix);
9) Agree to participate in conflict resolution, utilizing the program's Grievance Mechanism as necessary.
10) Respond appropriately to the suggestions arising from the annual NMI program review.

Precepting Faculty are additionally required to:

11) Be in active midwifery practice in an out-of-hospital setting;
12) Be certified or licensed by a mechanism recognized in their jurisdiction;
13) Regularly attend peer review.

National Midwifery Institute, Inc.

Preceptor Agreement

Precepting Faculty Rights and Responsibilities

Precepting faculty maintain or participate in primary midwifery practices, provide prenatal, intrapartum, postpartum, and well-woman family planning care. Upholding: 1) NMI program objectives; 2) the Midwifery Model of Care; 3) professional standards of practice; 4) the MANA Statement of Values and Ethics, precepting midwives attend clients in the out-of-hospital setting of their choice. Students are introduced to their preceptor's clients as members of the care team, but clients must be fully informed of the student's status and must give consent for the student's participation in their care. The precepting midwife's first responsibility is to uphold parameters of safety as she provides quality care and continuity to her clients; within that context, the student shall be given every opportunity to acquire clinical experience and skill required for program completion.

Once a preceptor and student agree to work together, they complete and sign the NMI Apprentice/Preceptor Work Agreement and Informed Consent Worksheet. This document must include the following information regarding preceptor's practice: philosophy, experience and training, certification or licensure status, malpractice insurance status, numbers of clients both for the previous year and current year, number of students the preceptor has trained, number of students the preceptor takes into the practice at a time (with breakdown of learning opportunities for each student). The Informed Consent Worksheet may also include a list of the apprentice's expectations of her training; however, it is the precepting midwife's responsibility to formulate and file this document. The preceptor/student relationship is formalized when this document has been signed, a copy is filed with the NMI office, and second year tuition has been received by the program administrator. The preceptor may then invoice NMI at a rate of $60 per birth attended with the precepting student, limited to those births necessary to complete student clinical requirements.

Precepting faculty are also responsible for making updates to their teaching methods and clinical work in keeping with current standards of practice. On the basis of student evaluation and NMI annual review, they are also expected to incorporate student input in their method and style of precepting.

All faculty are responsible for documenting continuing education consistent with current NARM requirements (as of 12/06, 30 contact hours of continuing education every three years).

Faculty are also encouraged to serve on midwifery boards and actively participate in profession- al organizations such as CAM, MANA, NARM, MEAC and ACNM, as a means of keeping program curriculum current.

NMI strongly encourages faculty to participate in community education by: lecturing at local universities and community colleges on midwifery, childbirth and related subjects; providing in-service training at local hospitals and EMS services; teaching childbirth classes to expectant parents and leading support groups for pregnant women
and new mothers; making presentations to the aspiring midwifery community at state and local midwifery meetings.

Program flexibility allows both faculty and students to attend midwifery conferences and board meetings. Faculty are also responsible for participation in annual review, to be completed by phone and/or mail or email each year by May 5th (Midwives Day). Incorporating student input, faculty are asked to make recommendations on admissions, curriculum revision, references, methods of student assessment, the advisability and selection of new faculty, teaching methodologies and effectiveness, administrative performance and facilities, fees, resources and services.

Preceptor Evaluation of Students

During clinical training, preceptor and student jointly evaluate student progress regarding skills successfully acquired and those requiring further development. Students and preceptors meet to present and discuss their evaluations on the following schedule: at the close of the initial three month period, and then every three months UNTIL the student has begun supervised primary care. Once the student has begun supervised primary care, these evaluations occur after every five births.

Faculty are encouraged to suggest revisions in mechanisms for evaluating students in the NMI annual review, to be completed by phone and/or email each year by May 5th (International Midwives Day).

Apprenticing students submit self and preceptor evaluations on the same schedule cited above. Student evaluation of faculty is integral to assessing faculty performance and facilitating an egalitarian learning experience and working relationship. Faculty are expected to demonstrate responsiveness to the feedback and individual learning needs of their students. Should a serious disagreement develop between a student and instructor, both will participate in conflict resolution, either through mediation or the program's Grievance Mechanism.

National Midwifery Institute, Inc.

Preceptor Agreement

NARM Guidelines for Verifying Documentation of Clinical Experience

NARM has developed the following step-by-step guidelines for successful completion of the NARM application documentation.

Together, the preceptor and applicant should:

1. review the three (3) separate practice documents required by NARM--Practice Guidelines, Informed Consent, and Emergency Care Form.

2. review all client charts referenced on the NARM Application and confirm that the preceptor and applicant (student/apprentice) names/signatures appear on each part of the chart/form that is being referenced.

3. confirm that the signatures/initials of the applicant and preceptor are on every chart/form for: initial exam, history and physical exam, complete prenatal exams, labor, birth and immediate post partum exam, newborn exam, and complete follow-up postpartum exams listed on the NARM Application. Be sure the numbers written on the application forms are the same number of signatures/initials for both the applicant and the preceptor on the charts/forms.

4. check all birth dates and dates of all exams for accuracy.

5. check all codes to make sure there are no duplicate code numbers. Each client must have their own unique code. If there is more than one birth with any given client, there must be a different code assigned for each subsequent birth. If a preceptor has more than one student (applicant), each chart must have a uniform code that all students will use. Students should not develop different codes for the same client.

6. Preceptors need to be sure their forms show that the student participated as primary under supervision and that the preceptor was present in the room for all items the preceptor signs. For example, the arrival and departure times at the birth should be documented on the chart for both the applicant (student) and the preceptor. At the time of clinical experience, preceptors and students should initial each visit.

7. Applicants (student/apprentice) should have access to or copies of any charts listed in the application for Continuity of Care and Out-of-Hospital Birth, in case of NARM audit.

8. The Informed Consent document used by the apprentice/student should not indicate that she is a CPM, even if she is in the application process. The CPM designation may not be used until the certificate has been awarded.

9. Preceptors who sign off on experiences they did not witness risk losing their ability to sign as a preceptor in the future, and also risk losing their CPM credential.

NARM Audits

All NARM applications are evaluated in detail. Over 20% are audited. If the application is audited, copies of Practice Guidelines, Informed Consent, Emergency Care Form, and specific charts with the names whited out must be submitted to the NARM Applications Office. MEAC applicants may submit client charts or clinical verification forms from a MEAC accredited school, for purpose of audit.

Applicants are responsible for having immediate access to client charts or clinical verification forms from a MEAC accredited school when they submit their application. Audited materials are due within two weeks of request. Delays in return of audited materials can hold up test scheduling.

Certified Professional Midwife Informed Consent Form

[CPM's Name]
[CPM's Address]
[CPM's telephone number]
CPM's license number]

[CPM's experience, qualifications, training]

Client: _____ Date: _____

Pursuant to SDCL 36-9C-33, the certified professional midwife shall make the following disclosures in oral and written form.

1. I understand that I am retaining the services of _____, who is a certified professional midwife, and is not supervised by a physician or surgeon.

2. I understand that my records and any correspondence with _____ are confidential unless required by law.

3. I understand that I will be billed [cost] for services I receive from _____.

4. I understand that _____ practices in out-of-hospital settings and does not have hospital privileges.

5. I understand that _____ does/does not have liability coverage for the practice of midwifery.

6. I understand that I have the right to refuse services unless otherwise provided by law.

7. I understand that there are conditions that are outside the scope of practice of a certified professional midwife that will result in a referral for consultation from, or transfer of care to, a physician or surgeon.

8. I understand that the scope of care and services _____ can provide to me are as follows:
    a.

9. I understand that there are antepartum, intrapartum, and postpartum conditions that would require consultation, transfer of care, or transport to a hospital. These conditions are as follows:
    a.

10. I understand that _____, certified professional midwife, will continue to care for me until transfer of care has been completed and all records including allergies, medications, and obstetric risk factors have been transferred.

11. I understand that in the event of an emergency the specific arrangements for consultation, referral, or transport are:

    _____

    _____

    I understand that the closest hospital with an obstetrics department is _____.
    I understand that the closest hospital with an emergency department is _____.

12. I understand that complaints about the quality of care or services provided by the certified professional midwives may be reported to the Board of Certified Professional Midwives.

13. I understand that no other licensed health care provider or hospital or agent is liable for injury resulting from an act or omission by the certified professional midwife, even if the health care provider has consulted or accepted a referral from the certified professional midwife.

Signature of Client: _____ Date: _____

Signature of Midwife: _____ Date: _____

Note: A signed copy of this form shall be placed in the client's medical record.

(Revised 12/2017)

NEWBORN REFERRAL FROM OUT OF HOSPITAL BIRTH TO HOSPITAL

Patient Name:_____

DOB: _____ **TIME:**_____

SEX: M / F **WEIGHT:**_____

MOTHER'S NAME:_____

TRANSPORT DETAILS

PRESENTING PROBLEM_____

Status at time of transport: Date/Time_____

HR_____ RR_____ Temp_____ Oxygen_____ Glucose, time_____

Feeding Method_____ Last Feeding Time_____ Output_____

NEWBORN INFORMATION

NAME_____ **DOB**_____ **Time**_____ **Sex**____ **Weight**_____

APGAR 1"_____ 5"_____ 10"_____ Duration of ROM to delivery:_____

Meconium: in labor? ___Yes ___No at delivery? ___Yes _ __No

RESUSCITATION: Bulb/Delee/PPV for _____minutes/Other _____

Vitamin K: __ IM __Oral __None Eye treatment _____

Cord Blood: ___ Yes ___ No Hepatitis B vaccine ___ Yes ___ No

Intrapartal Antibiotics ___ No ___ Yes Type/Dosage/Time_____

MATERNAL HISTORY

Name _____ **DOB:**_____ **G**____ **P**____ **EDD** _____

ALERTS: ___ Rh- ___GBS+ ___HSV+ ___GDM ___ Hep B+ ___HIV+ Blood Type_____

SIGNIFICANT HISTORY: _____

_____

_____

MEDICATIONS

Rx: _____ dosage_____ route_____ date_____ time_____

Rx: _____ dosage_____ route_____ date_____ time_____

Rx: _____ dosage_____ route_____ date_____ time_____

NEWBORN REFERRAL FROM OUT OF HOSPITAL BIRTH TO HOSPITAL

Patient Name:_____

DOB: _____ **G**____ **P**____ **EDD** _____

TRANSPORT DETAILS

PRESENTING PROBLEM_____

Status at time of transport: Date/Time_____

FHTs baseline _____ CTX pattern _____

Vaginal exam _____ BP _____ Temp _____ Pulse _____ Void Time _____

Last food/fluid PO (date/time) _____

IV Gauge _____ Fluid type _____ Total infused prior to transport _____

Method of transport: private car / ambulance

PRENATAL HISTORY

ALERTS: ___ Rh- ___ HSV + ___ GDM ___ Rubella Non-immune ___ HEP B + ___ HIV +

GBS + / - date _____ Hct _____ date _____ BP Baseline _____ BLOOD TYPE _____

SIGNIFICANT HISTORY:_____

_____

_____

___ ALLERGIES ___ NKDA

MED: _____ s/sx: _____

MED: _____ s/sx: _____

MED: _____ s/sx: _____

ROUTINE MEDICATIONS

Med: _____ dose: _____

Med: _____ dose: _____

Med: _____ dose: _____

EDD based on ___ LMP ___ conception ___early ultrasound ___mid or late ultrasound

MATERNAL HISTORY

LATENT ONSET date _____ time _____ **ACTIVE ONSET** date _____ time _____

COMPLETE date _____ time _____ **2ND STAGE** date _____ time _____

BIRTH date _____ time _____ **PLACENTA** date _____ time _____

AROM/SROM date _____ time _____ FLUID ___clear ___light mec ___moderate mec ___ thick mec

LACERATIONS ___ Yes ___ No **DETAILS** _____ **TEBL** _____

MED:_____date_____time_____route_____MED_____date_____time_____route_____

MED:_____date_____time_____route_____MED_____date_____time_____route_____

MED:_____date_____time_____route_____MED_____date_____time_____route_____